

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731285

(3)

1. Corporation Name

DORCAS DRAKE CHARITIES, INC.



Principal Place of Business

Mailing Address

**#1 SANTA CLAUS LANE
JACKSONVILLE FL 32206**

**#1 SANTA CLAUS LANE
JACKSONVILLE FL 32206**

3. Date Incorporated or Qualified

12/02/1974

3a. Date of Last Report

03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

9. Name and Address of Current Registered Agent

**DRAKE, JONETTA
1648 LIBERTY ST.
JACKSONVILLE FL 32206**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and firm if applicable. (Initials) Registered Agent's signature required when terminating.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **CIOPRYNA, MUREIL**
CITY - ST - ZIP **4028 PETER RABBIT DR.
JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **DC**
STREET ADDRESS **DRAKE, JONETTA**
CITY - ST - ZIP **304 E. 7TH ST.
JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **ROE, CATHERINE**
CITY - ST - ZIP **13455 FOXWOOD HGTS. CR.
JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **STUBBS, P. DREME**
CITY - ST - ZIP **1866 WOODRIDGE CT.
MIDDLEBURG FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jonetta Drake Jonetta Drake - 4-22-96-356-8437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Phone #

CR2E037 (12/95)